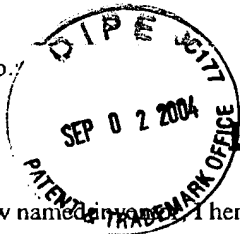


Docket No.



DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor of the subject matter claimed and for which a patent is sought on the invention entitled
MEANS OF TRACKING MOVEMENT OF BODIES DURING MEDICAL TREATMENT

the specification of which is attached hereto

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim the benefit under 35 USC • 119(e) of any United States provisional application(s) listed below.

Prior Provisional Application(s):

<u>Application Number</u>	<u>Filing Date</u>
60/457567	March 27, 2003

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorney(s) and/or agent(s): Allan M. Lowe, Reg. No. 19,641; Benjamin J. Hauptman, Reg. No. 29,310; Kenneth M. Berner, Reg. No. 37,093 and Michael G. Gilman, Reg. No. 19,114 all of

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with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and all future correspondence should be addressed to them.

A. Full name of sole or first inventor: IVAN FAUL
Inventor's signature: [Signature] Date: MAR 26, 2004
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